

**COMMUNITY OF DEVELOPMENT BLOCK GRANT (CDBG)
PROGRAM GUIDELINES AND REQUEST FOR PROPOSAL (RFP)
INSTRUCTIONS**

JULY 1, 2014-JUNE 30, 2015

INSTRUCTIONS

Introduction.

The City of Springfield's Office of Community Development is seeking proposals for inclusion in its 2014-2015 Action Plan. The 2014-2015 Program Year will run from July 1, 2014 through June 30, 2015. Successful proposals must address the community development needs in the City of Springfield's Consolidated Plan and must meet the guidelines articulated in this RFP.

The RFP's will be available for distribution from Monday, February 3, 2014 through Monday, March 3, 2014 at the:

Office of Housing, 1600 East Columbus Avenue, from 8:30 a.m. -4:00 p.m.

APPLICATION DEADLINE:

Submit ONE ORIGINAL and four copies NO LATER THAN 12:00 p.m., Monday, March 3, 2014 to the Office of Housing, 1600 East Columbus Avenue, 12:00 p.m.

IT IS SUGGESTED THAT PROPOSALS BE SUBMITTED WELL IN ADVANCE OF THE DEADLINE. INCOMPLETE PROPOSALS OR PROPOSALS SUBMITTED ON A PREVIOUS FORM WILL BE RETURNED TO THE APPLICANT. RESUBMITTALS WILL BE ALLOWED UP UNTIL THE DEADLINE OF MARCH 3, 2014. NO PROPOSALS, CORRECTIONS, REVISIONS OR ATTACHMENTS WILL BE ACCEPTED AFTER MARCH 3, 2014, 12:00 P.M.

Additional questions regarding the RFP can also be submitted; cbuono@springfieldcityhall.com no later than 4:00 p.m. on Friday, February 14th. Responses to all received questions will be posted on the City's website at www.springfieldcityhall.com on Tuesday, February 18th by 4:00 p.m.

GENERAL INFORMATION

Community Development Block Grant (CDBG) Programs receive funds from the U.S. Department of Housing and Urban Development (HUD) to state and local governments, who in turn, allocate them to private non-profit community development corporations, community-based organizations, city departments, and private for-profit corporations, for activities that benefit low and moderate-income areas or low and moderate-income persons.

SUBMITTAL EVALUATION:

Each proposal will be evaluated by a Committee for adherence to the goals and parameters established in the “Proposal Contents”.

APPLICATION REVIEW:

Once submitted, no proposal may be amended or substituted, unless the amendment has been requested or permitted by the City. The City, at its sole discretion, reserves the right to contact an applicant if additional information is required.

By entering into an agreement for programs proposed pursuant to this RFP, a SUBRECIPIENT agrees to comply with the requirements of Title 24 of the Code of Federal Regulations, Part 570, the Housing and Urban Development regulations concerning Community Development Block Grants (CDBG) and all other applicable federal, state and local laws and regulations. In an attempt to provide the President, Congress and the OMB with an accurate picture of CDBG accomplishments, HUD is instituting additional reporting and categorizing requirements.

Agencies with funded activities must be willing and able to track and report client demographic data to the Office of Community Development.

The following categories have been incorporated in to the proposal. Your proposal must meet one of these objectives and outcomes.

OBJECTIVES

1. Suitable Living Environment

In general, this objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues of their living environments.

2. Decent Affordable Housing

The activities that would be found under this objective are designed to cover the wide range of housing possible under HOME, CDBG, HOPWA, or ESG. This objective focuses on housing programs where the purpose of the program is to meet individual family and community needs and not programs where housing is an element of a larger effort (such as would be captured above under Suitable Living Environment).

3. Creating Economic Opportunities

This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

AND one of these

OUTCOMES

1. *Availability/Accessibility*

This outcome category applies to activities that make services, infrastructure, housing, or shelter available or accessible to low and moderate-income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the basics of daily living available and accessible to low and moderate-income people.

2. *Affordability*

This outcome category applies to activities that provide affordability in a variety of ways in the lives of low and moderate-income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.

3. *Sustainability: Promoting Livable or Viable Communities*

This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low and moderate income people or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

Additionally, you will need to document and report the following data that will be transmitted to HUD:

- Amount of money leveraged from other federal, state, local and private sources
- Number of persons, households or units assisted (select the most appropriate to your activity – one only)
- Income levels at 30%, 50% and 80% of area median of persons/households served (Income Guidelines, page 5)
or
- Service area for area benefit activities including percentages of low and moderate income persons in the area
- Race, ethnicity, female head of household status and disability

Your project's performance will be reported in the HUD information system (IDIS) and reflect on the City's total performance.

IF YOUR PROPOSED ACTIVITY CANNOT OR DOES NOT MEET THE CATEGORY OR REPORTING PARAMETERS, IT CANNOT BE FUNDED.

INCOME GUIDELINES

Every proposal that claims to benefit low and moderate income persons will be required to provide evidence that the beneficiaries of the program meet certain income guidelines. The majority (51%) of the programs beneficiaries must meet HUD income guidelines.

The following income limits by household size represent eligibility for assistance under the Community Development Block Grant.

<i>I. Family Size</i>	<i>Low (80%) Income Limits</i>
1	\$44,750
2	\$51,150
3	\$57,550
4	\$63,900
5	\$69,050
6	\$74,150
7	\$79,250
8	\$84,350

ELIGIBLE CDBG PUBLIC SERVICE ACTIVITIES:

24CFR 570.201 (e)

The project benefits a specific group of people where at least 51% of whom are L/M income persons. The following groups are presumed to be L/M: abused children, elderly persons, battered spouses, homeless, handicapped, illiterate persons. Categories that are eligible include but are not limited to:

- Youth Services; including after school, teen centers, recreation programs, evening summer teen programs, fitness, teen pregnancy prevention.
- Elderly Services
- Health Services
- Adult Basic Ed (ABE)
- General Education Development (GED)
- Homelessness-prevention programming for Homeless Persons and Persons at Risk of becoming Homeless.
- Employment Programs; job counseling, job training, job development
- Substance Abuse Services; including counseling, treatment and mental health
- Domestic Violence
- Crime Prevention and Public Safety
- Foreclosure Prevention
- Fair Housing Counseling
- Services for Disabled Persons
- Welfare Services (excluding income payments)

PROPOSAL APPLICATION FOR CDBG FUNDING
Office of Community Development
Public Service Proposal

JULY 1, 2014 THROUGH JUNE 30, 2015

Organization Name:

Exec Director Name:

Address:

Telephone :

Email Address:

DUNS#:

Program Name:

Location of Activity:

Contact Name:

Title:

Contact Email:

Activity/Project CDBG Funds Requested: \$

Total Activity/Project Cost: \$

Funding Leveraged from other Sources: \$

National Objective Compliance/Low and Moderate Benefit:

Area Benefit (Neighborhood)

Limited Clientele (Persons)

Housing (Households)

Activity Description

The scope of service is a statement about your activity not your organization. Be specific and include the “who”, “what”, “where” and “how”. Briefly describe the program, the population to be served and the specific services to be provided. Indicate if this is new or existing.

1. Specify the total number of persons expected to be served by this project;
2. Identify the location of the project and the boundaries of the service area. Specifically if your organization is located in one of the NRSA neighborhoods; (CDBG map of eligible target areas attached)

NRSA. HUD has designated three areas as a Neighborhood Revitalization Strategy Areas (NRSAs). These areas are: 1.) South End; 2.) Old Hill/Six Corners and 3.) North End-Brightwood and Memorial Square. (Map on page 13)

Activity Description.

National Objective: Identify the National Objective that will be met by the activity. Describe in detail how your activity will meet a national objective and how it will be documented. If the program benefits low and moderate income persons, describe the process you will use to identify these persons and ensure that the activity meets this objective. What will be used to measure the activities expected outcomes? Include in your RFP the tool that your organization will be using to measure the outcomes. Examples of some tools are: surveys, questionnaires, before and after tests and report cards. (National Objective Compliance Certificate attached)

Beneficiary Information. Beneficiaries should only be counted once.

Total Number of Beneficiaries in the Activity

Number of Beneficiaries to be served with CBDG Funds

Percentage of CBDG Beneficiaries with Low/Moderate Income
%

Public Services Only:

Cost (\$) per CBDG Beneficiary (CBDG Request/CDBG Beneficiaries)
\$

Cost (\$) per Beneficiary for the Activity (Activity Cost/Beneficiaries)
\$

Performance Measures: For each proposed activity, please indicate the following:

Describe the activity, service number and/attainments and outcome of the program. Each category that your proposal seeks should detail anticipated outcomes of the program. Outcomes benefit the results from the program and should be reasonable and attainable.

ACTIVITY What the activity does to fulfill its scope of service	INDICATOR OF SUCCESS Service #'s and/or Attainments	OUTCOME Benefits that result from the program
<i>Example: Provide afterschool care/homework help to youth.</i>	<i>Keep at least 50 youth in an afterschool program providing them with a safe environment.</i>	<i>Improved grades in school by doing homework with youth. Report cards are given at the end of each quarter to measure outcomes.</i>

Outreach: **For Public Services:** Discuss outreach efforts to serve underserved members of the community

Collaboration: Who (people/groups) participated in developing this activity? Describe collaboration with other agencies, community groups, etc. What services offered by other community groups complement the proposed activity? Provide collaboration agreement if applicable.

Sustainability:

What long-term strategies has your organization identified and implemented to reduce agency dependency on public funds like CDBG and ensure organizational sustainability?

Activity to be executed by:

Existing Staff

New Staff

Third Party Contracts

Volunteers

Organizational Capacity: Summarize the organization's background/programmatic capacity. Is your Organization a faith based organization? Provide an overview of your organization including length of time in existence. Attach a list of current Officers and Board Members with terms. What level of involvement does the Board of Directors have?

Is the applicant or affiliate, subsidiary or parent organization thereof in arrears to the City of Springfield for any property taxes, excise, code violations or State taxes?

Yes

No

Please list all real estate owned or controlled by the Applicant Organization in the City of Springfield. (Tax Certification Affidavit Form will verified by the City)

Financial.

The City encourages CDBG funds be utilized as gap funding. A gap is defined as the amount of funding necessary to run a program after all other funding sources have been identified, thus leveraging is very important in the application process.

ACTIVITY BUDGET

Complete Budget Summary Chart. More detailed budgets may be attached in support of the proposal.

Identify sources of leveraged funding for this activity. Include the status of these funds (i.e. cash on hand, grants received, grants applied for, planned fund-raising, etc.).

Attach copies of funding commitment letters or other evidence of funding support.

Leverage:

1. What percentage of the total budget of the specific program (not the organizational budget) for which you are applying would the requested CDBG funding cover?
2. Does the implementation for this program depend on receiving 100% of your CDBG request?
3. If you are not approved for 100% of your CDBG request, how will you address the shortfall?
4. Please identify any other funding sources or funding applications you have submitted or plans to submit, applications to pertaining to the proposed program.
5. Does the implementation of the project depend on receiving funds from these or any other sources?

Leveraged funds

Category Breakdown	Amount of Leveraged Funds	Source of Leveraged Funds
Total CDBG Request		
Total Other Funds		
Total		

Budget Detail

This section provides back up for each line item shown in the Budget Summary chart. Please make certain this detailed breakdown is consistent with the program budget.

Personnel

Please complete the following table for all positions for which CDBG funds will be used:

Position Title	Is this a current or proposed position?	Annual Salary	Annual Fringe Benefits	Total Annual Salary	X	% Time Spent on this CDBG Project/ Program	=	Total Position Cost Requested from CDBG
					X		=	
					X		=	
					X		=	
					X		=	

- Provide job descriptions (if the position is currently filled) for each position listed.
- For fringe benefits, if using percentage of gross for calculation, provide justification of percentage used.

As part of this section, please indicate whether or not outside vendors or consultants will be identified by your organization to conduct program activities.

Contracts and leases:

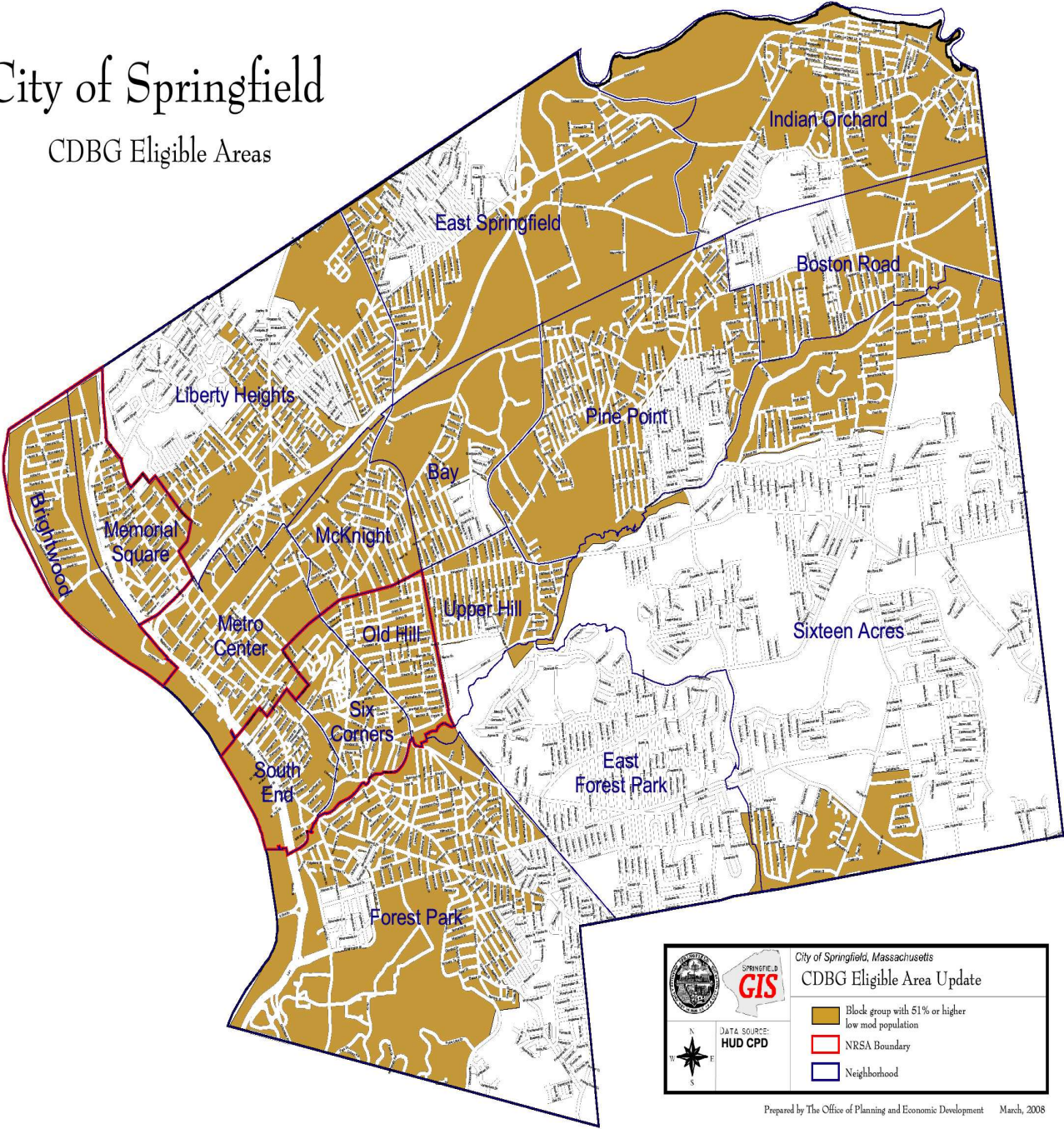
- Copy of each contract or lease listed.

If CDBG is a percentage of total cost for each line item, provide a formal allocation plan. Source and amount of matching funds must be provided. Please double check your calculations for accuracy; all costs must tie out exactly: do not round up or down.

<u>Budget Line Item</u>	<u>Total Budgeted Amount</u>	<u>Requested CDBG Funds</u>	<u>MATCH (Balance Paid By)</u>
<i>Example: Personnel</i>	<i>\$20,000</i>	<i>\$5,000</i>	<i>DMH contract \$15,000</i>
TOTALS			

City of Springfield

CDBG Eligible Areas



Please Note....

HUD HAS INSTITUTED PERFORMANCE MEASURES

SUSTAINABILITY, ACCOUNTABILITY AND PERFORMANCE

You are required to state the specific need your activity will address.

You are required to describe in measurable terms what you are going to do.

You are required to state the intended outcome or impact of your actions.

You will need to specify a category and number for benefit.

You will need to describe the standard you will use to measure success.

Submission Checklist

- Submit one original and four copies of the completed application. Applications must be typed;
- Complete all budget sheets on pages 10-12;
- Articles of Incorporation;
- Minutes of Board of Directors meeting authorizing application for funding;
- Current List of Board of Directors with identification of Officers and terms;
- Certified Organization Audit/Financial Statements of most recent year
 - a. Copy of OMB A-133 Audit (Required if \$500,000 or more in aggregate Federal funds expended) or
 - b. Financial statements audited by a CPA (if not bound by the requirements of OMB A-133) or
 - c. Profit and Loss statement (only first time applicants or those who do not meet above criteria may submit)
- IRS 501 C 3 Designation Letter (if applicable);
- Notarized Tax Certification Affidavit (form attached);
- Conflict of Interest Statement (form attached);
- Debarment Certificate (form attached);
- National Objective Compliance Certificate (form attached);
- EEO, Fair Housing, and Drug-Free Workplace Policies

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number State Identification Number Federal Identification Number

Company: _____

P.O. Box (if any): _____ Street Address Only: _____

City/State/Zip Code: _____

Telephone Number: _____ Fax Number: _____

List address(es) of all other property owned by company in Springfield: _____

Please Identify if the bidder/proposer is a:

Corporation _____

Individual _____ Name of Individual: _____

Partnership _____ Names of all Partners: _____

Limited Liability Company _____ Names of all Managers: _____

Limited Liability Partnership _____ Names of Partners: _____

Limited Partnership _____ Names of all General Partners: _____

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

FEDERAL TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and
(authorized agent) (Bidder/Proposer)
belief, has/have complied with all **United States Federal taxes** required by law.

Bidder/Proposer Authorized Person ' s Signature Date: _____

CITY OF SPRINGFIELD TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge an
(authorized agent) (Bidder/Proposer)
belief, has/have complied with all **City of Springfield taxes** required by law (has/have entered into a Payment Agreement with the City).

Bidder/Proposer Authorized Person ' s Signature Date: _____

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C § 49A, I, _____ certify under the pains and penalties of perjury that _____,
(authorized agent) (Bidder/Proposer)
to my best knowledge and belief, has/have filed all state tax returns and has/have complied with all state taxes required by
law.

Bidder/Proposer

Authorized Person's Signature

Date: _____

Notary Public

COMMONWEALTH OF MASSACHUSETTS

_____, ss. _____, 2014

Then personally appeared before me [name]_____, [title]_____
of [company name]_____, being duly sworn, and made oath that he/she has read the
foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge,
and stated the foregoing to be his/her free act and deed and the free act and deed of [company
name]_____.

My commission expires: _____

Notary Public

YOU MUST FILL THIS FORM OUT COMPLETELY

IF YOU DO NOT ALREADY HAVE A CONFLICT OF INTEREST STATEMENT, YOU MAY USE THE INFORMATION PROVIDED HERE; HOWEVER, THE CERTIFICATE MUST BE PRINTED ON YOUR ORGANIZATION'S LETTERHEAD AND SIGNED BY AN AUTHORIZED AGENT.

Conflict of Interest Statement

No staff or Board of Director of the _____ will financially benefit from performing their prescribed duties other than receiving their normal compensation per salary of contract. Additionally no staff member of Board of Director can use or take possession of any of the _____ resources without express approval of its Board of Director's Chairperson.

All transactions conducted by staff and the Board of Directors must be arms length transactions, whose sole intent is to enhance the role and the mission of _____.

Dated: _____

(signature of authorized agent)

(printed name of agent)

Debarment Certificate

Name of Subrecipient_____

Described herein and attached here to as Attachment IV is a certification from the SUBRECIPIENT stating that neither the SUBRECIPIENT nor any subcontractor secured by the SUBRECIPIENT has been debarred, suspended or determined ineligible to engage in the activity necessary to perform the services of this contract.

By signing this Certificate, the organization expressly understands and acknowledges that any person responsible for performing activities/services under this agreement are currently eligible to engage in the activity under this contract.

Dated:_____

(signature of authorized agent)

(printed name of agent)

National Objective Compliance Certificate

In accordance with the statutes and regulations set forth by the U.S. Department of Housing and Urban Development (HUD), activities funded through the Community Development Block Grant (CDBG) must be used to meet one of the three national objectives named by HUD. Those three objectives are (1) benefiting low- or moderate- income persons; (2) preventing or eliminating slums or blight and (3) meeting an urgent need. To be eligible for funding, every CDBG-funded activity must meet one of these national objectives.

I, _____, certify that the activity proposed in this application for CDBG funding will meet one of the three national objectives as set forth above. The _____ also certifies that it will maintain sufficient documentation to ensure compliance with national objectives.

Dated: _____

(signature of authorized agent)

(printed name of agent)

(title of agent)

